

October 10, 2011

United States Bankruptcy Court  
Southern District of New York

Re: Lehman Brothers Holdings Inc. (Debtor) EIN: 13-3216325  
Chapter 11 Case No. 08-13555 (JMP)  
Objection to Notice of CLAIM TO BE DISALLOWED AND EXPUNGED

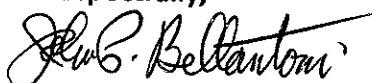
Claimant: John P. Bellantoni

Claim No.: 19382

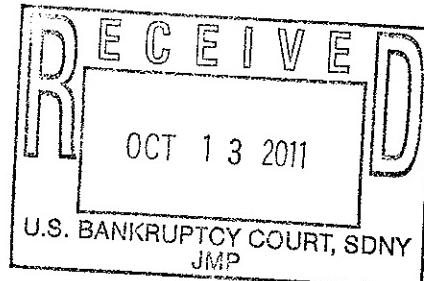
Reason for claim: 11 U.S.C 507 (a)(5) – Contributions to an employee benefits plan

I object to the above referenced **Claim To Be Disallowed And Expunged** because no violation of the Court's July 2, 2009 order exists. My claim is against Lehman Brothers Holding Inc.. The debtor's name and associated case number were already shown on the Proof of Claim form submitted on 9/18/2009 (Copy attached). This claim should not be voided because I did not duplicate this information.

Respectfully,



John P. Bellantoni



In Re: <b>Lehman Brothers Holdings Inc., et al.</b> Debtors.	Chapter 11 Case No. 08-13555 (JMP) (Jointly Administered)
Name of Debtor Against Which Claim is Held	Case No. of Debtor

UNIQUE IDENTIFICATION NUMBER: 1000186682

NOTE: This form should not be used to make a claim for an administrative expense, unless after the conclusion of the case. A claim for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503. Additionally, this form should not be used to make a claim for legal fees. Please see Securities Act of 1933, reverse side.

Name and address of Creditor: (and name and address where notices should be sent if different from Creditor)

LBH (CREDITOR,DBF,CREDNUM)CREDNUM # 1000186682\*\*\*\*\*  
BELLANTONI, JOHN P  
54 BLOOMER RD  
BREWSTER, NY 10509

Telephone number: **845-278-1997** Email Address: **jbellan923@AOL.com**

Name and address where payment should be sent (if different from above)

Telephone number: \_\_\_\_\_ Email Address: \_\_\_\_\_

<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.
Court Claim Number: _____ (If known)
Filed on: _____
<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
<input type="checkbox"/> Check this box if you are the debtor or trustee in this case.

**1. Amount of Claim as of Date Case Filed:** \$ 3,162.29

If all or part of your claim is secured, complete Item 4 below; however, if all of your claim is unsecured, do not complete item 4.

If all or part of your claim is entitled to priority, complete Item 5.

If all or part of your claim qualifies as an Administrative Expense under 11 U.S.C. §503(b)(9), complete Item 6.

- Check this box if all or part of your claim is based on a Derivative Contract.\*  
 Check this box if all or part of your claim is based on a Guarantee.\*

\*IF YOUR CLAIM IS BASED ON AMOUNTS OWED PURSUANT TO EITHER A DERIVATIVE CONTRACT OR A GUARANTEE OF A DEBTOR, YOU MUST ALSO LOG ON TO <http://www.lehman-claims.com> AND FOLLOW THE DIRECTIONS TO COMPLETE THE APPLICABLE QUESTIONNAIRE AND UPLOAD SUPPORTING DOCUMENTATION OR YOUR CLAIM WILL BE DISALLOWED.

Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of interest or additional charges. Attach itemized statement of interest or charges to this form or on <http://www.lehman-claims.com> if claim is based on a Derivative Contract or Guarantee.

**2. Basis for Claim:** \_\_\_\_\_  
(See instruction #2 on reverse side.)

**3. Last four digits of any number by which creditor identifies debtor:** \_\_\_\_\_

3a. Debtor may have scheduled account as: \_\_\_\_\_  
(See instruction #3a on reverse side.)

**4. Secured Claim:** (See instruction #4 on reverse side.)

Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.

Nature of property or right of setoff:  Real Estate       Motor Vehicle       Other

Describe: \_\_\_\_\_

Value of Property: \$ \_\_\_\_\_ Annual Interest Rate %

Amount of arrearage and other charges as of time case filed included in secured claim, if any:

\$ \_\_\_\_\_ Basis for perfection: \_\_\_\_\_

**Amount of Secured Claim:** \$ \_\_\_\_\_ **Amount Unsecured:** \$ \_\_\_\_\_

**6. Amount of Claim that qualifies as an Administrative Expense under 11 U.S.C. §503(b)(9):** \$ \_\_\_\_\_  
(See instruction #6 on reverse side.)

**7. Credits:** The amount of all payments on this claim has been credited for the purpose of making this proof of claim.

**8. Documents:** Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages and security agreements. Attach redacted copies of documents providing evidence of perfection of a security interest. (See definition of "redacted" on reverse side.) If the documents are voluminous, attach a summary.  
**DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.**

If the documents are not available, please explain:

**5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.**

Specify the priority of the claim:

- Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).  
 Wages, salaries or commissions (up to \$10,950), earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).  
 Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).  
 Up to \$2,425 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7).  
 Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).  
 Other - Specify applicable paragraph of 11 U.S.C. § 507(a).

**Amount entitled to priority:**

\$ 3,162.29

**FOR COURT USE ONLY**

Date: **9/16/09** Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

*John S. Bellantoni*